

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101734577

FILING DATE

APPLICANT(S)

12-15-03

CLAIMS

APPLIED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.							
1	/				51						
2	/				52						
3	/				53						
4	/				54						
5	/				55						
6	/				56						
7	/				57						
8	/				58						
9	/				59						
10	/				60						
11	/				61						
12					62						
13	/				63						
14	/				64						
15	/				65						
16	/				66						
17	/				67						
18	/				68						
19	/				69						
20					70						
21					71						
22					72						
23					73						
24					74						
25					75						
26					76						
27					77						
28					78						
29					79						
30					80						
31					81						
32					82						
33					83						
34					84						
35					85						
36					86						
37					87						
38					88						
39					89						
40					90						
41					91						
42					92						
43					93						
44					94						
45					95						
46					96						
47					97						
48					98						
49					99						
50					100						
TOTAL IND.	5				TOTAL IND.						
TOTAL DEP.	14				TOTAL DEP.						
TOTAL CLAIMS	19				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS